

Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact
(Gestalt Therapy Book Series 2)

Gianni Francesetti, Michela Gecele, Jan Roubal, and Leslie Greenberg

- loc: 607 The empty chair was created in order for the client to focus on her/his bodily experience,
- loc: 610 That basic technique was invented at a time when to trust one's own potentialities was the necessary ingredient to become independent of the other.
- loc: 647 1950s-1970s – These were the years when the majority of the psychotherapeutic methods were spread to the greatest degree.
- loc: 659 All the psychotherapeutic currents that arose in the twenty years from 1950 to 1970 (as well as some “revisions” of psychoanalysis) had in common the desire to give greater dignity and trust to individual experience,
- loc: 667 founding a theory of the self capable of grasping the experience during a process of contact of the organism with the environment (as opposed to intrapsychic), revealing the creativity of the ego in this process, which is at one and the same time creator and created. The middle mode which is incarnated in the esthetics of Greek culture (in the West, it is only in the Greek language that certain verbs have a “middle mode”[7]) also characterizes the description of the self, which “is made” at the boundary between organism and environment, by means of an esthetic process, awareness, presence to the senses, as an intrinsic quality of a good contact.
- loc: 674 the positive nature of conflict in human relationships: the suppressed conflict leads either to boredom or to war (Perls, 1969, p. 7). Going through the conflict is a guarantee of vitality and of true growth.
- loc: 687 1970s-1990s – These years were characterized by what Galimberti (1999) calls the “technological society”,
- loc: 691 Love and pain, two emotions which in reality are inseparable, were in this period considered irreconcilable.
- loc: 692 as the product of the “narcissistic society”, the “technological society” could be defined as “borderline”.
- loc: 695 This generation, which on the one hand grew up with the illusion of being exceptional, and on the other had to conceal the sense that they were bluffing,
- loc: 696 a borderline relational modality: ambivalent, dissatisfied, incapable of separating themselves in order to affirm their own values.

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- loc: 700 Patients' phrases in the 1970s and '80s might for example be: "I've fallen in love with a colleague, I'm having an affair with her, my wife doesn't know, and I don't know whether to tell her or not", "My parents are always nagging me, when I'm in a group I feel freer, smoking a joint is a liberation from the daily oppression", "Drugs (or my job or my lover), that's my main bond, the bond with my partner is an optional extra". There was a search for the self outside the intimate bonds,
- loc: 704 In the '90s, only ten years later, the search for the self was transformed into a need to feel oneself in solitude: "I'd like to feel myself, find myself.
- loc: 714 From the 1990s to 2010.
- loc: 716 a sense of liquidity, as Bauman (2000) puts it so well.
- loc: 717 parents have been absent, in part because they were busy at work (the value diffused by society was the value of technology), and worried about the imminent social crisis, in part because they were incompetent on the relational level (borderline ambiguity is poured out on the offspring with an emotional detachment).
- loc: 721 The social experience of young people today is "liquid": incapable of containing the excitement of the encounter with the other and extremely open to the possibilities of exchange offered by the globalization of the communicative flows.
- loc: 723 child doing homework,
- loc: 723 at the moment when s/he has difficulty needs a restraint and an encouragement, in order to solve it by using the energy that animates her/him.
- loc: 725 goes on the Internet, where a research engine provides the answer; her/his excitement is scattered and strewn round the world and s/he finds every possible answer, but does not find a relational container, a human body,
- loc: 727 The unrestrained excitement becomes anxiety. This is disturbing and in order to avoid feeling it the body must be desensitized. This is why today we have many anxiety disorders (like panic attacks[9], PTSD, etc.), difficulty in forming bonds, pathologies of the virtual world, body desensitization.
- loc: 739 being healthy
- loc: 739 today it means experiencing the warmth in intimate relationships, and the emotional and bodily reaction to the other.

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- loc: 759 Staemmler (1997b, p. 45) for instance, states that cultivating uncertainty ought to be the fundamental value of the Gestalt therapist,
- loc: 764 But this optimistic view of post-modern uncertainty, shared in the Gestalt ambit as far as letting oneself go to the here and now of the therapeutic contact, clashes with an experience of emergency that, in the absence of a secure relational ground
- loc: 767 is readily transformed into traumatic experience.
- loc: 767 Clinical evidence today is characterized by widespread anxiety (panic attacks, post-traumatic stress disorder, attention deficit and hyperactivity in children), relational disorientation (disorders of sexual identity, conflicting relational choices, difficulty in maintaining couple or intimate bonds), bodily desensitization (lack of sexual desire, self-harm with the aim of feeling oneself, anhedonia or lack of feelings).
- loc: 772 intention of the founders of Gestalt therapy,
- loc: 773 to dissolve the chief neurotic dichotomies
- loc: 773 (Body and Mind;
- loc: 774 Self and External World;
- loc: 774 Emotional and Real;
- loc: 774 Infantile and Mature;
- loc: 774 Biological and Cultural;
- loc: 774 Poetry and Prose;
- loc: 774 Spontaneous and Deliberate;
- loc: 774 Personal and Social;
- loc: 775 Love and Aggression;
- loc: 775 Unconscious and Conscious).
- loc: 776 we need to keep faith with this aim:
- loc: 776 how can we be psychotherapists who help people (with their relational suffering) to overcome dichotomies?

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- loc: 781 Until twenty years ago it was difficult to remain in the relationship; today it is difficult to feel oneself in the relationship,
- Note: This highlight will fit into the module Self and Relation to highlight the connection of Self and the ongoing requirement of Relational positioning
- loc: 786 today psychotherapy has a twofold task: to resensitize the body (overcoming the dichotomy of virtual/real),
- loc: 787 give tools of horizontal relational support, that can make people feel recognized by the glance of the equal other (overcoming the dichotomy of vertical/horizontal in healing contacts).
- loc: 798 experience as a happening at the contact boundary, in the “between”, which is to say between the I and the you (Spagnuolo Lobb, 2003b).
- loc: 802 organism/environment field, a unitary phenomenal event, from which modalities of contact emerge,
- loc: 804 clinical example
- loc: 804 patient who says to the therapist: “I was in a terrible state last night and I didn’t sleep”.
- loc: 806 something that belongs to the present contact with the therapist (the remembered “terrible state” is a way to speak of the actual one, it is a matter of figure/ground dynamic, of picking certain parts from the ground of experience of contact with the therapist, instead of others, in the very moment of the present session with the therapist). Perhaps he wants to communicate to her an anxiety concerning the previous session, or the session that is about to begin; for instance, he might want to say: “At the last session something happened that made me anxious. I hope that today you’ll realize the effect it had on me and be able to protect me from the negative effects”. This relational reading (it would be more correct to call it “situational”) allows the therapist to come out of the traditional intrapsychic view, namely to work on the “terrible state” and see what emerges, and sees the treatment as a process related to the patient’s being aware of the satisfaction (or sublimation) of needs, to enter fully into the post-modern perspective, which collocates the treatment in the space co-created by the patient and the therapist, in which new patterns of contact are built up, which free the spontaneity of the self.

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- loc: 819 An example may clarify this. A patient says: “I feel a tension in my stomach, I don’t know... it’s as if I were angry”.
- loc: 820 an “intrapsychic” approach will direct her/himself to try to understand from what past experiences this anger comes, what or who the patient is angry with,
- loc: 822 If, instead, s/he uses the paradigm of the “between”, s/he will direct her/his attention to what in the “between” has caused the figure of tension in the stomach and of anger to emerge. S/he will ask questions such as “How does being-with-me make the tension in your stomach and the anger emerge?”
- loc: 830 Once the relational intentionality has been brought back to the contact boundary, the therapist can use a variety of Gestalt interventions capable of supporting the energy of contact, by this time conscious.
- loc: 837 psychotherapeutic approaches consider the therapeutic relationship a virtual tool to improve the real relationships of the patient’s life[10]. Gestalt therapy, in contrast, attributes to the therapeutic relationship the character of a real experience, which is born and has its own history in the space that lies “between” patient and therapist.
- loc: 841 The therapeutic relationship is in fact considered not as the result of projections of relational patterns belonging to the patient’s past, nor only as a laboratory in which “tests” are carried out on relational patterns that are more effective for the outside world, for real life. Between patient and therapist there comes into being a unique, unrepeatable relationship, in which the reciprocal perceptions are modified, in which the patterns of the past are developed with a view to improving this relationship, not that of the past. It is what happens between this specific therapist and this specific patient that constitutes the treatment, one of the many possible experiences of treatment.
- loc: 846 therapist immerse her/himself fully in the relationship, that s/he use her/his own self. The treatment is in fact based on two real people, who although they may also be revealed by means of techniques, stake themselves spontaneously, through their human limitations, in a relationship clearly defined by their complementary roles: one who gives the treatment and one who receives it.
- loc: 855 for Gestalt therapy – it is the real encounter between two people that produces the treatment, an encounter in which there occurs a novelty capable of reconstructing the patient’s ability for contact.

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- loc: 857 Stern (2004; Stern et al., 2003) who considers an important factor for psychotherapeutic change the “signature” that the therapist puts in his/her intervention (a particular smile, a particular way of speaking or looking, etc.),
- loc: 933 The contact boundary is defined by meeting one another in diversity, which is then developed in deciding the movement towards the other, undertaken as from the solidity of one’s own diversity (from the ground of self-awareness).
- loc: 1,018 To think of the “self as function” still represents a unique perspective among personality and psychotherapeutic theories. The theory of Gestalt therapy studies the self as a function of the organism-environment field in contact, not as a structure or an instance. This approach is based not so much on a rejection of contents and structures, but simply from the conviction that the task of anyone who studies human nature is to observe the criteria that produce spontaneity, not the criteria that allow human behavior to be schematized.
- loc: 1,053 The Id-Function of the Self
- loc: 1,055 The id-function is defined as the organism’s capacity to make contact with the environment by means of: a) the sensory-motor background of assimilated contacts; b) physiological needs; and c) bodily experiences and those sensations that are perceived “as if inside the skin” (including past open situations). (Perls, Hefferline and Goodman, 1994, pp. 156-157).
- loc: 1,059 a) The ground of the sensory-motor experience of assimilated contacts.
- loc: 1,078 b) Physiological needs.
- loc: 1,087 c) Bodily experience and what is experienced “as if inside the skin”.
- loc: 1,101 The Personality-Function
- loc: 1,108 The personality-function expresses the ability to make contact with the environment on the basis of a given definition of self. For example, if I think of myself as shy and inhibited, I set up a completely different kind of contact with my environment than someone else whose definition of her/himself is as daring and extroverted.
- loc: 1,135 The ego-function works on the basis of the information coming from all the other structures of the self.
- loc: 1,222 Spontaneity is the quality that accompanies being fully present at the contact boundary,

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- loc: 1,258 In contrast, in the case of psychoses, there is a serious disorder of the id-function:
- loc: 1,280 The phenomenological perspective,
- loc: 1,282 considers experience to be that which gives the knowledge,
- loc: 1,313 Since its beginnings a century ago in the psych labs of the early Gestalt psychologists, our Gestalt model has stood firmly for respecting the complexity of these relational processes as actually lived and experienced by living subjects in real situations, moving to potentiate their own creative adaptations to those changing conditions.
- loc: 1,362 Gestalt Therapy Approach to Psychopathology by Gianni Francesetti, Michela Gecele and Jan Roubal
- loc: 1,374 The value given to momentary experience and to the contingency of each and every situation underpins the legitimacy and the value of all lived experiences.
- loc: 1,388 Psychopathological phenomena concern subjects as they interact with the environment, or more precisely, the interaction of subjects with the environment. At this point, we come to a radical bifurcation. We can focus on psychopathology as either the suffering of the individual or, alternatively, as the suffering of the field: this suffering becomes manifest in the individual and can be transformed by the individual: the individual is an organ of choosing of the field (Philippon, 2009). This change of focus opens up two very different universes and two profoundly different ways of approaching psychological suffering. These two perspectives on the reality of mental suffering can be likened to the two perspectives through which light can be understood in physics: is it a wave or a particle? Reality depends on the way we investigate the world. Psychopathological phenomena are much the same. Psychopathology can be considered a phenomenon belonging to the individual or a phenomenon emerging from the field, belonging to the *Zwischenheit*[20], to quote Buber (Buber, 1993; Salonia, 2001a; Spagnuolo Lobb, 2001a, 2005a; Francesetti, 2008). In more strictly Gestalt theory terms, it is a phenomenon that happens at the contact boundary[21].
- loc: 1,402 The experiential figure that emerges contextually from the ground (constituting the continuum of experience) is a figure that belongs to the individual (for example, in a discussion group, no two people have the same experiential figure). At the same time though, it does not belong to the individual (again, in our discussion group, the figure of each person also belongs to the others because it

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- is from the others and through the others that it emerges and takes shape) (Robine, 2011).
- loc: 1,415 Psychopathology is not simply subjective suffering. Psychopathology is the suffering of the “between”.
- loc: 1,426 Not all suffering felt by individuals is necessarily unhealthy (for example, grief, which is suffering but not psychopathology),
- loc: 1,428 To orient ourselves more clearly through psychopathology, we need to move beyond sole reference to the individual and consider the relationship
- loc: 1,429 The question leading us is no longer “is the subject suffering?”, but rather, “is the relationship suffering?”.
- loc: 1,462 field theory already implies the presence of a background that gives meaning to the figure: in different situations different figures can emerge from the background that anchor
- loc: 1,463 We can call these
- loc: 1,464 third party
- loc: 1,464 in clinical work, the supervisor functions as a crucial third party.
- loc: 1,468 The group is working as a third party:
- loc: 1,469 colleague describes his feelings with a patient: he has wanted to speak about this therapy for at least two months, but he feels shame about this relationship.
- loc: 1,470 he’s falling in love with her.
- loc: 1,470 wants to help and save her
- loc: 1,471 in some way he thinks that the group cannot really understand her needs.
- loc: 1,471 This revelation opens up a lot of important things, about the patient, the therapist and the group,
- loc: 1,472 provides a good and solid ground for going on with this therapy. One of these is the awareness that his love for the patient is a healthy and generous feeling that can support their relationship,
- loc: 1,473 just keep the group with him in the therapeutic room.

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loc: 1,474 | to have brought his patient into this larger field, to have received support and recognition for his feelings and her needs, and to keep the contact between the therapy and the group.

loc: 1,475 | functions as a third presence that avoids “craziness” in the dual relationship.
